

# Looking Back 30 Years: AIDS, San Francisco, and How We Learned There and Then

Jon Wrigglesworth  
Penn State University

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**Abstract:** Employing Cultural Historical Activity Theory as a theoretical lens, this study examines the first three years of the AIDS crisis, with the purpose of examining how the San Francisco gay community (SFGC) and the San Francisco medical community (SFMC) entered a cycle of expansive learning while confronting the AIDS crisis.

This study uses Cultural Historical Activity Theory (CHAT) as a lens to look back at the early days of the AIDS<sup>18</sup> epidemic, 1981 to 1984, with the purpose of analyzing how the San Francisco gay community (SFGC)<sup>19</sup> and the San Francisco medical community (SFMC)<sup>20</sup> learned to adopt and promote safer sex practices. This is a detailed study of how two activity systems (the SFGC and the SFMC), reacted to the introduction of a disease which would forever change the SFGC and the SFMC. In the decade prior to 1981, the recognized beginning of the AIDS crisis, the SFGC, centered in the Castro District of San Francisco, had gone through a period of increased political activism and sexual liberation, which resulted in a community identity of being proudly and openly gay. However, as the AIDS epidemic worsened and evidence mounted that the disease was sexually transmitted contradictions arose within the SFGC and in its interactions with the SFMC. These contradictions were eventually resolved in a cycle of what Engeström (2001) calls “expansive learning.” Therefore the aim of this paper is to outline the events which caused these contradictions and how they were resolved, with particular attention paid to the needs of the SFGC, its chosen objects and how these objects evolved during the first three years of the AIDS crisis.

## Theoretical Framework and Research Design

Cultural Historical Activity Theory (CHAT) (Engeström, 1987, 2001; Foot, 2002) was used as the theoretical tool by which the data was analyzed and interpreted, more specifically, third generation CHAT as proposed by Engeström (1987, 2001). Third generation CHAT provides a comprehensive framework for understanding both formal and informal learning as complex phenomena which occurs in specific sociocultural settings. In the CHAT perspective activity is motivated, driven and shaped by the activity system’s object, and in turn the object is “worked on” and defined by the activity system’s subject. Although objects are often treated as if they are simply attached to an activity system, objects are chosen and worked on/constructed through a process of negotiation by the members of an activity system. What object is chosen and how it is constructed by an activity system will depend on what need is being addressed. In turn, the chosen object and how it is constructed will shape and motivate activity (Foot, 2002).

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<sup>18</sup> Although the term AIDS was not used until late 1982, for clarity AIDS is used throughout this paper.

<sup>19</sup> The SFGC is defined as men who identify as gay and reside or spend significant time in San Francisco.

<sup>20</sup> The SFMC included the SF department of public health, gay physicians and other healthcare professionals.

Although the subject/activity/object relationship is a fundamental one in CHAT, there is not a direct link between human activity and the object which motivates it. Instead the relationship between subject/activity and the object is a mediated one. Objects do not exist as an objective reality; we relate to objects through personal experiences, reifications of cultural-historical experiences (tools and artifacts) and a motive which develops from the encounter of the need state and the object (Foot, 2002).

The subjects of activity systems are in a constant state of negotiation over the meaning of their activity and object. This negotiation is necessitated by perpetually changing conditions and the multivoiced nature of activity systems. Participants in an activity system may have different formations of the activity systems object, thus requiring negotiation in order to coordinate activity. Because activity and the object are socially negotiated the potential for significant change is always present. From a CHAT perspective, it is these observable changes in activity which constitute learning. Previous learning can be ascertained by observing current activity, and new learning can be observed in the emergence of new forms of activity (Foot, 2002).

In CHAT the concept of contradictions is central to the process of change and learning: contradictions drive learning (i.e. changes in activity). Contradictions exist when there is a difference in interpretations, understandings or meanings either within an activity system or between two or more interacting activity systems. Contradictions can result from a variety of sources: internal tensions within the activity system, the introduction of a new context (e.g. a new technology) or tensions which exist between interacting activity systems. The resolution of contradictions is what drives changes in activity/learning (Engeström & Sannino, 2010; Foot, 2002).

While using CHAT as a theoretical framework, historical ethnography was chosen as the research method for this study because its purpose is to use archival materials in an attempt to understand how people in another time and place made sense of things (Vaughn, 2004). Data collected included transcripts of interviews conducted for historical purposes, tapes of the radio program "The Gay Life," newspaper stories, academic journal articles and the author's personal experiences. The analysis of interview transcripts, tapes of "The Gay Life" and newspaper stories were coded at the level of meaningful units and then grouped around emerging themes. Academic journal articles were used to gauge what was known about the spread of AIDS and the practice of risky sexual behavior at the time. Finally, the author's personal experiences, as a peripheral member of these two activity systems, were used to interpret the above sources.

### **An Outline of the Evolution of the Safer Sex Message**

***The Activity Systems on the verge of crisis.*** At the national level, the late 1970s to early 80s was a period marked by the rise of religious and social conservatives in the political arena; some factions in both of these groups used anti-gay/lesbian rhetoric and pushed for policies which were hostile to homosexuals. Locally, the SFGC had successfully pushed back against these repressive and anti-gay messages while developing a community where gay men could express their gay identity. The raw object motivating SFGC activity during this period was the promotion of gay liberation; political activism and sexual liberation were two refined objects which evolved from the SFGC's raw object. Some of the important rules which guided activity were -- be out, be gay sex positive, push back against anti-gay messages, and care for the community.

The SFMC's activity was guided by several well established rules: provide accurate information, respect community values, and protect the community's health. In the late 1970s many gay men found San Francisco to be a place where they could, often for the first time,

openly express their sexuality; coupled with this open expression of sexuality was an increase in sexually transmitted diseases (STDs). The SFMC responded to the increase in STD cases by establishing ties and a sense of trust with the gay community. Although efforts to reduce the STD rates were unsuccessful, a positive relationship developed between the two communities.

As Engeström and Sannino (2010) state, “Expansive cycles are historically conditioned (p. 12).” The history of an activity system influences what types of new learning, new activity, are possible. The histories of these two activity systems greatly influenced the expansive cycle which was precipitated by the beginning of the AIDS epidemic, as I will attempt to illustrate in the following sections.

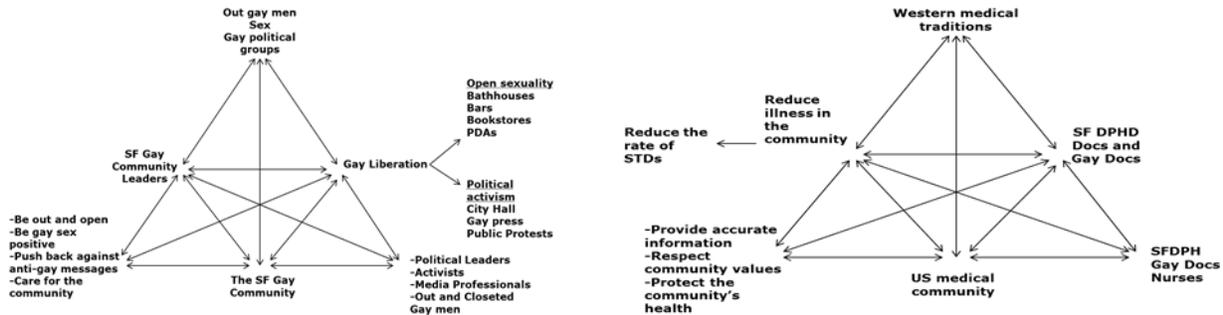


Figure 1: Two interacting activity systems, the SFGC the SFMC, without a shared object.

**1981-82: Reaction to the Epidemic.** During 1981 and 82, the AIDS crisis remained a largely invisible epidemic. Reports in both the mainstream and gay media were only occasional and brief, serving more to reinforce the perception of AIDS as a “gay disease” than to inform the public. Although AIDS cases in San Francisco were increasing (41 deaths and over 100 people diagnosed with AIDS by the end of 82), few people outside of the medical community knew someone with AIDS (Bolan, 2000).

Discussions of AIDS in both the gay and medical communities focused on theories of what caused this new disease. Three theories were proposed from the medical community: a new infectious agent, immune overload theory (repeated exposure to and treatment for STDs weakened the immune system) and environmental causes, such as the use of poppers (amyl nitrites). Environmental causes were quickly ruled out, and by the end of 1982 there was strong presumptive evidence that AIDS was caused by a blood-borne infectious agent, but without an identified infectious agent researchers could not provide irrefutable evidence. This lack of definitive information spawned a variety of popular theories, ranging from those with some medical basis to conspiracy theories. There were few answers or recommendations for people with AIDS or the “worried well.”

**1983-84: Contradictions must be resolved and actions must be taken.** The beginning of 1983 marked a period of high tension in the SFGC. As the number of AIDS cases continued to climb it became increasingly more difficult deny the seriousness of the crisis. While the SFGC was mobilizing to fight AIDS, attacks from the religious and social conservatives forced the SF gay community to fight fronts on two sides. The SFMC had the task of trying to promote major lifestyle changes while important questions remained unanswered. In addition, some of the changes they were advocating, changes in sexual behavior, were similar to the messages which came from sources which were openly hostile to the gay community (Padgug & Oppenheimer,

1992). The development and promotion of safer sex guidelines became an area of negotiation and contestation as multiple contradictions arose.

***Safer-sex Guidelines: development, resistance and adoption.*** In 1982, the first two brochures informing gay men how to have safer sex as a possible means of protection against AIDS were printed. These recommendations to change sexual behavior created a major contradiction for the SFGC. Many gay men in San Francisco were out for the first time in their lives; in a proudly, openly gay community there was a need to express their gay identity, which was often done through sex. To make this contradiction more complex, one of the informal rules of the SFGC was to resist anti-gay and anti-gay sex messages. At the national level there were members of a number of organizations which used the AIDS epidemic as a proxy to attack the gay community on moral grounds and to advance the idea that the gay community was responsible for the epidemic and a danger to “innocent” Americans (Padgug & Oppenheimer, 1992). In the process of resisting these vitriolic anti-gay messages the medical message about how the disease was spread was often rejected as well. As a result, the reaction to the message of safer sex was mixed. Some gay men took the recommendations to heart and tried to follow them; others reacted with anger, believing that safer sex recommendations were simply an extension of the anti-gay messages coming from religious and social conservatives (Bolan, 2000).

During the first part of 1983, both the SFMC and members of the SFGC increased efforts to educate the community on safer sex practices. During a meeting of members of the SFGC and SFMC, Paul Boneberg, a gay activist hit on the idea of the exchange of body fluids. With this new concept, the safer sex message changed from a list of “don’ts” to the message of “do whatever you enjoy, just don’t exchange body fluids.” After a period of negotiation as to what was meant by body fluids (blood and semen, not saliva, sweat or tears) the concept of the exchange of body fluids and the associated message of maintaining natural or artificial barriers (i.e. skin and condoms) became core concepts in future safer sex education (Bolan, 2000).

Later in 1983, The Harvey Milk Democratic Society published a sex positive guide to safer sex titled “Can We Talk.” Using humor and frank language, this pamphlet gave practical advice on how gay men could engage in sex without exchanging body fluids. According to Michael Helquist (1999), a San Francisco journalist who wrote extensively on the AIDS epidemic, this brochure was an important point in the evolution of the safer sex message. The message which was initially looked on with suspicion by the gay community was now being presented in a sex positive way with a focus on how to enjoy sex in a healthy way.

The eventual acceptance and promotion of the safer sex message marked the resolution in a major contradiction in the gay community. In the early days of the AIDS epidemic, gay men were being told by both the medical community and the religious right that gay sexuality is an issue in the epidemic (i.e. a means of disease transmission, and a moral wrong which endangered others, respectively). Despite the differences in the groups’ messages and agendas, for many people in the gay community these two messages became conflated into a single anti-gay sex message, an extension of the anti-gay messages most had heard throughout their lives.

The development of the concept of body fluid exchange and sex positive, gay friendly education materials were new mediating tools which allowed gay men to separate the anti gay sex messages coming from the religious right from the safer sex messages coming from both the SFMC and the SFGC. In addition, frank talk about gay sexual practices, the use of condoms and discussions of ways to enjoy a healthy sex life became ways of pushing back against the anti gay, anti sex messages of religious and social conservatives. The SFGC’s refined object of open

sexuality had evolved into a new refined object of safer sex and fighting the AIDS epidemic, which it shared with the SFMC. This new shared object met the needs of the SFGC which were previously met by the object of open sexuality: pushing back against anti-gay rhetoric, establishing a gay identity, and having a healthy sex life.

***Following the Rules.*** While the history of repression and use of the AIDS crisis by some to further an anti-gay agenda conditioned the SFGC to resist any message which might indicate a rejection of gay sexual liberation, including safer sex education, ambivalence in some of the messages which were put out by the SFMC contributed to this resistance. The SFMC had as its raw object to care for the community's health; two of the rules which guided its activity (i.e. promoting safer sex) were to provide accurate information and not to go beyond the evidence.

Although an infectious agent would not be identified until mid 1984, by early 1983 there was overwhelming presumptive evidence that AIDS was caused by a blood borne infectious agent. This level of incomplete knowledge created a contradiction for the SFMC: what constituted accurate information which didn't go beyond the evidence and what information was needed to protect the gay community from disease. Despite the strong evidence that AIDS was caused by a blood-borne infectious agent, without an identified infectious agent researchers could not rule out all other possibilities or determine whether infection could result from a single exposure. Throughout 1983 and the first half of 1984, members of the SFMC made great efforts to get out the best available knowledge that AIDS was caused by an infectious agent which was could be spread by sexual contact. However, because their knowledge was incomplete, they also frequently qualified these statements with a hedge indicating that they didn't know for sure.

These "hedges" had an unintended influence on how many members of the SFGC interpreted safer sex messages. Hedges for the medical community signified what level of certainty could be concluded by the evidence; the implications were clear: unsafe sex should be avoided. For many people in the SFGC these hedges conveyed the message that the doctors didn't really know what caused AIDS. Surveys conducted in late November of 1983 showed that over 90 percent of gay men in SF knew the risk factors associated with acquiring AIDS but 50 percent were still engaging in the riskiest behaviors and only 6 percent were using condoms (McKursick & Horstman, 1985; Alfred, 1984). During public forums on AIDS in 1983 and the first half of 1984 multiple private citizens made statements indicating that they didn't believe the doctors knew what causes AIDS (Alfred, 1984). This had serious consequences for the adoption of safer sex practices, as the single strongest predictor of unsafe sexual practices was the belief that doctors did not know what caused AIDS (McKursick & Horstman, 1985). In April of 1984, John Littlejohn, a gay activist, reported in a public AIDS forum that 68 percent of gay men in SF still believed in the immune overload theory (Alfred, 1984).

Several members of the SFMC expressed their frustration that the messages regarding safer sex weren't stronger; this view was particularly evident in the interview given by Selma Dritz MD of the San Francisco Department of Public Health (Dritz, 1995). Despite this frustration, it wasn't until the discovery of the virus which causes AIDS (later named HIV) in April of 1984 that this contradiction could finally be resolved and members of the SF medical community began to make definitive statements that AIDS was caused by a virus and could be contracted by a single exposure.

## **Conclusion**

Expansive learning cycles are conditioned by their history: the activity, the rules and norms, and the subject/object relationship, all of which has developed over time. This brief outline illustrates how the history of these two activity systems in some ways limited what responses were possible and made other responses more likely. As the AIDS epidemic worsened the SFGC became fractured over the issue of sexuality and its relationship to gay liberation and a gay identity. While under tremendous pressure from the growing epidemic and prejudice and discrimination from many segments of society, the SFGC was able to use the new mediating tool of safer sex to renegotiate the meaning of gay sexuality and the activity of the community. Although not covered in this outline, the SFMC also developed new ways to engage with the community to deliver health education and services.

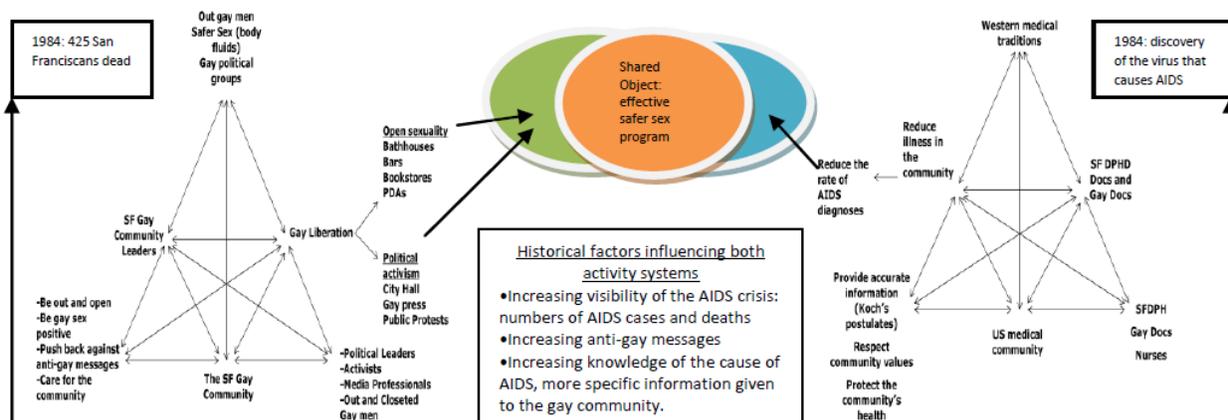


Figure 2: Two activity systems, SFGC and SGM, interacting around the shared object of a safer sex program.

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